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| <b>Case Number:</b>   | CM13-0048993 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/09/2012 |
| <b>Decision Date:</b> | 06/06/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50-year-old male with date of injury of 08/09/2012. The listed diagnoses dated 10/08/2013 are: Chronic right shoulder impingement syndrome, Meniscal tear, right knee, Chronic right elbow pain, Chronic right lumbosacral radiculopathy. According to the report, the patient presents with chronic pain to his right shoulder, right elbow, right knee, and lower back. He rates his current pain an average of 8/10 and characterizes his pain as burning. His pain is constant and made worse by prolonged sitting and standing. There is also associated numbness and tingling to the posterior aspect of the right thigh as well as subjective weakness to the right lower limb. The physical exam shows there is decreased range of motion of the right shoulder. There is provocation of the right shoulder pain with active range of motion of the right shoulder. Hawkin's, Neer's, and Jobe's tests are positive on the right. The examination of the lumbosacral spine shows tenderness to palpation of the right superolateral gluteal region. The range of motion of the lumbar spine is unrestricted. Straight leg raise is equivocal on the right. Sensation is decreased to pinprick of the posterior aspect of the right thigh. The utilization review denied the request on 10/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RIGHT SHOULDER ADDITIONAL PHYSICAL THERAPY 2 X WEEK (QUANTITY 6):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This patient presents with chronic right shoulder, right elbow, right knee, and low back pain. The treater is requesting 6 additional physical therapy sessions for the right shoulder. The MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The review of reports do not show any recent history of physical therapy. In this case, a short course of therapy is medically reasonable and within MTUS Guidelines. Recommendation is for authorization.

**LUMBAR ADDITIONAL PHYSICAL THERAPY 2 X WEEK (QUANTITY 6):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** This patient presents with chronic right shoulder, right elbow, right knee, and low back pain. The treater is requesting 6 additional physical therapy sessions for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The review of records from 11/12/2012 to 12/03/2013 do not show any recent history of physical therapy. In this case, the patient can benefit from a short course of therapy and the requested 6 sessions is medically reasonable and within MTUS Guidelines. Recommendation is for authorization.